



Columbia Street Banner Application

Please complete this application to request a banner across Columbia Street, between 3rd and 4th Street, in downtown Lafayette. Banners are hung for a two-week period. While we will do our best to accommodate your request, please be aware that with an abundance of community event banners we may not be able to give you the dates that you have requested. If the exact dates you requested are unavailable, we will contact you to find an agreeable solution.

There are a few steps we would like to make you aware of to make the process simple. Please follow the checklist below. As always, you may contact us with any questions.

1. Contact the City of Lafayette Clerk's Office to schedule installation. Banners are only installed and removed on Tuesday, so please schedule your dates accordingly. Please drop off the banner at the City of Lafayette Traffic Department located at 258 S. 3rd Street 765-807-1401 two (2) weeks prior to the date you would like to have the banner hung.
2. Request approval from the Lafayette Board of Works and Public Safety, (765) 807-1021.
3. Contact your insurance agent to request a Certificate of Insurance to be provided to the City of Lafayette Clerks Department.
4. Banner size is 4'X30', should be double sided and have grommets. A variety of local printing and graphics companies are available for printing, visit <http://www.greaterlafayettecommerce.com/members/> and look for banners or printing.
5. **Installation Fee:** There is a \$50 installation fee due at the time of submission to the City Clerk's Office.

Name: Cindy Murray
Organization: Star & Stripes
Dates of Request: 6/21 - 7/5 2022
Address: 20. N 6th Street
Phone: 765-807-1021 Email: cmurray@lafayette, in.gov

*No political banner will be accepted.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Henriott Group, Inc. Renaissance Place 250 Main Street, Suite 650 Lafayette IN 47901-1287		CONTACT NAME: Marci Kuhlman Account Manager PHONE (A/C, No, Ext): (765) 429-5000 FAX (A/C, No): (765) 423-2599 E-MAIL ADDRESS: mkuhlman@henriott.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Atlantic Specialty Ins Co	
		INSURER B: JWF Specialty Company (Div of Old National Ins)	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2021-22 Liability **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			791-00-04-29-0010	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ EXCLUDED
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			791-00-04-29-0010	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB			791-00-04-29-0010	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 12,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$ 0	<input type="checkbox"/> CLAIMS-MADE				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EWC008481	01/01/2020	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

** FILE COPY **

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marci Kuhlman

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